

**OFFICE OF THE INSPECTOR GENERAL FOR
MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE
SERVICES**

**Primary Inspection
Catawba Hospital**

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Report #110-05

**CATAWBA HOSPITAL
CATAWBA, VIRGINIA
January 12 & 19, 2005
OIG Report #110-05**

INTRODUCTION: The Office of the Inspector General (OIG) conducted a primary inspection at Catawba Hospital (CAT) in Catawba, Virginia during January 12 & 19, 2005. The inspection focused on a review of the facility through the application of 19 quality statements. These statements are grouped into 6 domains that include: facility management, access to services, service provision, discharge, quality of the environment of care, and quality and accountability. The quality statements were formulated through interviews completed by the OIG with a number of stakeholder groups. These groups included the mental health facility directors, consumers, Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) central office administrative staff, DMHMRSAS Office of Mental Health Services staff and directors of mental health services for community services boards (CSB). The quality statements and the information obtained by the OIG through observations, interviews and a review of documents are described in this report. The report is divided into sections that focus on each of the domains previously noted.

SOURCES OF INFORMATION: Interviews were conducted with 27 members of the staff including administrative, clinical and direct care staff. Interviews were also completed with 10 consumers. Documentation reviewed included, but was not limited to: 4 clinical records, selected policies and procedures, staff training curricula, facility quality management plan, and risk management reviews. A tour of the facility was conducted.

BACKGROUND: Catawba Hospital is an inpatient treatment facility operated by DMHMRSAS that provides services to geriatric and adult consumers from nine CSBs. These include: Allegheny-Highlands CSB, Blue Ridge Behavioral Health, Central Virginia CSB, Harrisonburg-Rockingham County CSB, New River Valley CSB, Northwestern CSB, Piedmont CSB, Rockbridge CSB, and Valley CSB. The facility has an authorized bed capacity of 270, but the current operating capacity for the facility is 110 beds. At the time of the inspection, the facility census was 99.

The approved budget for this facility in FY 2004 was \$17,444,623 with reported expenses for the same period of \$17,444,251. The facility reported that the budget for FY 2005 is \$17,672,464. This represents an increase in funding from the actual expenses of the previous fiscal year of \$238,213. The facility reported that the cost per bed day at the time of the inspection was \$492.79.

MENTAL HEALTH FACILITY QUALITY STATEMENTS

Facility Management

1. The facility has a mission statement and identified organizational values that are understood by staff.

Interviews with staff on all levels within the organization reflected a good working knowledge of both the facility's mission statement and values. The mission and values statement were purposely designed to be simple, easy to remember and capable of being linked to the day-to-day operations of the facility. Staff were able to recite the mission statement and CORE values, and the majority of employees were able to relate the concepts in these statement to their work responsibilities.

The Catawba mission statement:

To provide psychiatric treatment with dignity to those entrusted to our care.

The CORE values stand for:

- *Compassion* in treating patients and families.
- *Objectivity* in planning treatment.
- *Rational* in setting goals.
- *Excellence* for our staff and treatment.

2. The facility has a strategic plan.

Interviews with administrative staff and a review of the written strategic plan demonstrated that the facility leadership has adopted a three-fold plan for FY 2004-2006.

The plan focuses on the tasks of:

- Enhancing the ongoing development of partnerships with community providers.
- Ensuring and enhancing the facility's position within the services delivery system.
- Enhancing the services provided through effective quality management and utilization review.

Administrative staff reported that the supervisory staff at the facility has been involved in providing input to the formulation of the strategic plan. The focus for the direct care staff has centered on the facility's mission and values because of their link to the day-to-day operation of the facility.

3. The mission and strategic plan have been reviewed and are linked to the recently adopted DMHMRSAS Vision Statement.

Administrative staff informed the OIG that the facility's mission, values and overall strategic plan were reviewed during the Fall 2004 when members of the facility leadership team participated in a retreat that focused on methods for including recovery principles in programming and policy.

There were discussions at that time regarding the manner in which the mission and values were linked to recovery principles and the DMHMRSAS vision statement. The term dignity, which is a central value at Catawba for the treatment of patients and staff, is considered the connector to the principles of recovery, empowerment and self-determination.

4. There are systems in place to monitor the effectiveness and efficiency of the facility.

Catawba has systems in place to monitor its effectiveness and efficiency. Outcome measures have been established and are reviewed by the facility's leadership team within the various disciplines. Interviews with administrative staff indicated that effectiveness is measured through a review of the recidivism rate within 30 days of discharge, the average length of stay, medication usage, and seclusion and restraint usage. They also monitor how the patients are progressing in meeting the agreed upon goals established in their treatment plans. Consumer and family satisfaction surveys provide the facility with additional information on the effectiveness of its services.

Administrative staff stressed the link between the efficiency of the facility and the degree to which the organization is able to meet its mission while staying within the resources allocated. One measure used by the facility is its ability to make payments promptly. It was reported that Catawba was the only facility not cited by the Governor's Office as needing improvements in this area. In addition, the OIG was informed that the facility has an excellent record at collecting Medicare Part B funds.

During FY2004, the facility selected four indicators to assess and/or monitor staff effectiveness in performing job expectations. These four indicators included the number and type of patient/family complaints, the number of serious patient events, the number of nursing care hours per patient day, and the number of hours of nursing overtime. The leadership team reviewed the data collected at least quarterly. Actions were implemented when the data was outside the goal established for each indicator.

5. There are systems in place to assure that there is a sufficient number of qualified staff.

Interviews with administrative staff, a review of staffing patterns and observations of unit operations demonstrated that Catawba has established mechanisms to assure that adequate and qualified staffing patterns are maintained.

Administrative staff explained that Catawba has a master-staffing plan, which is reviewed on an annual basis to assure that the facility maintains the correct mix of staff to address the current and future needs of the consumers. This review assures that the facility has the adequate number of persons in each department and discipline to provide effective consumer services. Adjustments to the plan are made based on the needs and profile of the consumers served during the previous year. In addition, the leadership team reviews

staffing patterns at least quarterly noting any significant variances, such as increased nursing vacancies. The Director of Nursing maintains a master schedule that outlines the minimal staffing patterns for each unit on a day-to-day and shift-to-shift basis to assure there are sufficient staff present for addressing the supervision and treatment needs of the consumers.

An effective training program is one system Catawba uses to assure that the facility maintains staff that are qualified to work with the consumers.. All staff are subject to orientation and training specific to their positions within the facility. Direct care staff are involved in a two-week intensive training program that includes supervisory review. Staff are given written tests and asked to demonstrate skills to prove that they possess adequate knowledge, skills and ability in performing major job requirements. Annual retraining is required.

The facility offers a number of continuing educational opportunities for staff throughout the year. Examples include the “Ground Rounds” program, satellite presentations, and community speakers as funding allows. Catawba hosted a daylong symposium on suicide assessment, which provided training for community providers and facility staff. The facility has a staff development program that provides materials and training in areas of interest as identified by staff. One recent program offering was strategies for working with patients with dementia.

According to Catawba’s staffing data for December 2004, the hospital has 341 full-time employee positions, 273 of which were filled at the time of the inspection. This included 42 nursing and 67 direct care staff positions. Thirty-four of the 62 vacant positions at the time of the inspection were in direct care. This included 16 registered nurse positions, 2 practical nurse positions and 16 direct care associate positions. There were also 4 vacancies in nursing administration..

Catawba also has the following number of clinical staff positions:

- 6 FT physician positions
- 5 FT psychologist positions, including the director
- 11 FT social work positions, including the director
- 13 FT adjunctive therapy positions, including the supervisor
- 7 FT positions for the pharmacy and lab
- 7 FT nursing administration positions, including the director
- 1 Clinical Director
- 1 Chief of Staff

Catawba also has limited part-time contracts with 10 physicians to provide after-hours and weekend coverage.

Administrative staff reported that one of the biggest challenges facing the facility is the recruiting and retention of nursing staff. Overtime usage increased during the past year,

in part, due to nursing shortages. The facility has implemented several strategies to address this issue including:

- Increased recruitment efforts
- The hiring of two contract nurses on a short-term basis
- The development of a “meal ticket” program to recognize and reward nursing staff for working overtime
- The initiation of a performance improvement team to focus on nursing recruitment and retention

The facility reported that the entry-level salary for registered nurses is \$35,000 and \$18,026 for direct care associates. The average salary for the last five hires was \$44,356 for RNs and \$20,880 for direct care associates.

Staffing patterns as recorded by the OIG during the first shift on January 12, 2005 were as follows:

Admission’s Unit – 2nd floor

3 CNAs; 2 LPNs; 2 RNs for a census of 30 patients.

Long-term Care – 4th Floor

2 CNAs and 2 RNs for a census of 20 patients.

Geriatrics – 5th Floor

4 CNAs, 2 LPNs and 2 RNs for a census of 22. One patient was on 1:1 status at meal times.

Longer-term Geriatric – 6th Floor

4 CNAs, 1LPN and 3 RNs for a census of 27. One patient was on 1:1 status.

It was reported that none of the nursing staff were working overtime during this shift.

6. There are mechanisms for direct care staff and clinical staff to participate in decision-making and planning activities.

Staff on all levels outlined a number of mechanisms for participating in facility decision-making and planning activities. These included committee and performance improvement teams participation, writing to or speaking directly with the facility director, Town Hall meetings, monthly meetings for aides, participation on the treatment teams, and the normal supervisory process. Of the 27 staff interviewed, only one indicated that there are not adequate avenues for staff to provide and receive feedback.

7. Facility leadership has a plan for creating an environment of care that values employees and assures that the treatment of consumers is consistent with organizational values.

The facility does not have a specific written plan for creating an environment of care that values employees or assures that the treatment of consumers is consistent with organizational values. It was reported that the leadership team uses these concepts in the development of all policies, procedures and practices within the organization.

In 2003, Catawba conducted an employee satisfaction survey. One of the items consistently reported by staff as a source of dissatisfaction was the Attendance Policy. In response, the facility created a performance improvement team charged with the responsibility of reviewing the current policy and developing improvements based on staff recommendations. The committee was also to clarify incentives and consequences for adhering to the policy. Supervisory staff reported that the survey was valuable because it provided the leadership team with basic information about the concerns of staff and it resulted in action on the part of the administration that communicated to staff that the leadership is willing to make changes.

Catawba has several staff rewards and recognition programs, including an annual recognition and employee appreciation day. All direct care staff interviewed described ways in which they are valued. Examples included supervisory thank-you e-mails for a job well done, pizza parties and small gift certificates for working extra or handling challenging patients. They also reported that the members of the leadership team, including the facility director, are visible on the units, stop to check-in with them, and are willing to listen to any concerns they might have.

Five of the supervisory staff interviewed stated that one of their key responsibilities is to model for staff the qualities of compassion, understanding, and treatment with dignity and respect. All stated that this modeling teaches staff how to relate to the consumers.

Access

1. There are systems in place to assure that those admitted to the facility are appropriate.

Interviews, a review of admissions policies and a review of clinical records demonstrated that the facility has a system for assuring appropriate admissions.

Catawba serves adults over the age of eighteen who reside in the geographical area from Winchester to the New River Valley and Lynchburg. Referrals are made from the nine CSBs in that catchment areas. Adult admissions to the facility are primarily through Allegheny- Highlands CSB and the Blue Ridge Behavioral Health. The remaining CSBs use the facility for geriatric admissions. It was reported that 50 beds at the facility are targeted for the treatment of persons with serious mental illness and 60 for the geriatric population with mental illness. At any given time, longer-term forensic consumers utilize approximately 10 beds.

Catawba has an admissions coordinator who handles admission referrals during the dayshift Monday through Friday. The charge nurse on the acute admissions unit handles after-hours emergency admissions. As with all DMHMRSAS operated facilities, the prospective consumer must be assessed by a prescriber from the appropriate CSB prior to admission. The prescriber determines whether the consumer meets the criteria for admission to an acute care setting, which is determined by the presence of imminent risk

of harm to self or others or substantially unable to care for themselves due to a mental illness. In addition, the prescriber assures that there are no less restrictive alternatives to hospitalization available prior to initiating the referral.

Administrative staff reported that the regional partnership planning process has been a good vehicle for open discussion on what the target population of the facility is and should be in the future. This group has determined that with the 50% decrease in private psychiatric beds in the region, there is a greater need for adult beds.

2. The facility works collaboratively with CSBs to assure access to appropriate services when admissions to the facility are inappropriate or not possible due to census.

The facility provides consultation to the referring agency regarding placement options when admission to Catawba is not appropriate. Facility staff maintain on-going contact with the referring CSBs to address issues that might arise during the admissions process.

Data provided by the facility indicated that there were 531 admissions during calendar year 2004. Of these admissions, 280 were males and 251 were females. There were 761 contacts for possible admission during the same time period.

The three primary reasons for which admissions were denied included:

- The applicant lacked the necessary medical clearance.
- The applicant had a primary substance abuse diagnosis.
- The lack of available bed space.

Service Provision

1. There are systems in place to assure that the patient receives those services that are linked to his/her treatment needs and identified barriers to discharge.

Each person admitted to the facility undergoes a series of assessments by a number of disciplines. A nursing screening of both medical and psychiatric risk factors occurs within the first half-hour of the admission process. A complete physical examination and psychiatric evaluation are completed within the first 24-hours of admission. The majority of assessments are to be conducted prior to the formal treatment planning session, which occurs within seven days of admission, since these evaluations become the basis for developing the individualized treatment plan. Interviews with clinical staff revealed that treatment objectives are prioritized with a focus on those objectives that are “barriers” to the person re-entering the community. Through record reviews it was determined that the treatment teams identify the barriers to discharge for each resident and develop interventions to address these barriers during hospitalization.

Treatment objectives are formulated with the consumer, family and/or legally authorized representative as appropriate, and community liaison during treatment team meetings. Due to the considerable travel distances involved for some of the families and community

representatives, the facility works to assure their participation by using phone conferencing for treatment team meetings when needed.

The treatment team and the consumer discuss active treatment programming options and develop a schedule that will address the goals identified during the treatment planning process. Catawba operates a psychosocial rehabilitation program (PSR) designed to provide didactic and experiential opportunities for consumers in order to address those issues that impact each person's ability to successfully reside in the community. Group activities are offered from 9:00 am until 4:25 pm, Monday through Friday, except on Wednesdays when psychosocial programming ends at 11:00 am. The facility also offers leisure and recreational activities during the evening and weekends. The OIG did not observe any of the psychosocial programming groups during this inspection, because the visit occurred on Wednesday when these programs are not offered in the afternoon.

2. There are processes in place that support evidence-based practices.

Interviews revealed that Catawba has established processes that support evidence based practices (EBP). The Chief of Staff has been instrumental in keeping staff abreast of methods and models that are accepted as evidenced based practices. This information is reviewed and used in developing groups in the psychosocial rehabilitation program. The focus is on providing programming that is designed to provide consumers with the necessary skills to stay out of the hospital and improve their quality of life in the community, such as through medication education and management, symptom recognition, vocational linkages, independent job skills and supported employment. The facility has provided opportunities for staff to be exposed to nationally recognized presenters by sponsoring daylong symposiums. This is exemplified in the facility's work on suicide prevention and the development of consumer centered active crisis plans. The medical staff used practice guidelines for prescribing medications and other treatment modalities with both the adult and geriatric populations.

3. The facility assures that service provision is grounded in the principles of recovery, self-determination and empowerment.

Administrative staff reported that one of the goals for the leadership team during the next 12 months is to become more aware of the indicators being developed to measure a program's effectiveness in assimilating the principles of recovery into the organizational culture. The facility director is scheduled to attend a symposium in Baltimore on recovery and empowerment as it relates to the implementation of the Real Choices grant.

Catawba incorporates several of the principles of recovery into its practice of working in partnership with consumers through the informed consent for medication management, in treatment planning and decision-making, and in assisting consumers in defining goals for successful and meaningful integration in the community.

5. There are systems in place to measure the perceptions of consumers, families, direct care staff, clinical staff and administrative staff regarding the quality of the provision of care and services.

The OIG was informed through interviews that there are formal and informal mechanisms at Catawba for measuring the perceptions of the consumers, their families and staff regarding the quality of the care and services provided. Community meetings, team meetings, staff's informal interactions with patients, and patient satisfaction surveys are among the mechanisms mentioned for measuring the perceptions of the consumers. As appropriate, families and/or the consumers' legally authorized representatives (LAR) are encouraged to participate in the treatment and discharge planning. Team members elicit feedback from consumers during routine contact.

Staff perceptions are measured in supervisory meetings, team meetings, and formal satisfaction surveys and through other mechanisms such as an anonymous "write to the director" site on the intranet system.

Discharge

1. There are systems in place for effective utilization review and management.

Utilization review (UR) and utilization management for the facility occur both within the context of the Utilization Review Committee and the treatment team. Clinical staff reported that the CSBs exert pressure to move consumers through the program quickly because of the limited number of private psychiatric beds available in the community. Data provided by the facility showed that during the 3rd quarter of 2004 the average length of stay for adult consumers was in the 6-10 day range. It noted that Blue Ridge and Allegheny-Highlands CSBs are the highest users of the adult beds. It was reported that it is difficult to discharge geriatric consumers because of challenging placement issues. Discharge settings for geriatric consumers are primarily nursing homes. Clinical staff, particularly nursing and social work, evaluate the consumers daily for discharge readiness.

Interviews and a review of data provided by the facility revealed that the 30-day readmission rate was about 3%. The UR Committee reviews all of these cases. When appropriate, cases are also referred for system solution through meetings with the referring CSB so that active problem solving can occur for challenging cases. Crisis plans and other strategies are agreed upon during these meetings in order to support the person remaining in the community.

As one administrator stated, "Utilization review is one of the key elements in service provision because it would be impossible to accomplish our mission in partnership with the community without effective movement of patients in and out of the facility".

2. There are systems in place to assure that effective communication occurs between the patient, facility and community liaisons regarding discharge readiness in order to assure a smooth transition of the patient into the community and to prevent re-hospitalization.

Social workers serve as the primary point of contact between the facility, the consumers, their family or legally authorized representatives (LAR) and the community. It was reported that the social workers from the facility maintain weekly contact with community liaisons to discuss cases and to review discharge readiness and plans. Blue Ridge CSB has a staff liaison onsite at the hospital on a daily basis to participate in the discharge planning process.

Family members (as appropriate), LARs, and community liaisons are invited to participate in regularly scheduled treatment planning meetings during which discharge readiness and plans are explored. Contact increases as the time of discharge grows closer. It is the primary responsibility of the facility, in partnership with the consumer and/or the LAR, to determine the needs of the consumer upon discharge. This information is communicated to the community liaison whose responsibility it is to facilitate arrangements for service provision, housing and other identified service needs. The liaison also helps to make appointments with community providers.

Crisis plans are developed for those persons identified as high risk for re-hospitalization because of past history. Crisis plans are developed with the involvement of the consumer to determine strategies for securing supportive services within the community in the event of a situation that challenges the consumer's ability to safely remain in the community. The facility will be working with Blue Ridge CSB to divert some crisis contacts as the CSB develops a new diversion project.

Members of the social work department are involved in a geriatric outreach program which enables them to work with the consumer for up to two weeks after discharge in settings such as nursing homes to assist with the consumers' transition to the new placement. In general, it was reported that effective discharge planning and established community linkages are the best mechanisms for preventing re-hospitalization.

Quality of the Environment

1. The physical environment is suitable to meet the individualized residential and treatment needs of the patients and is well maintained.

Observations occurred on all four residential units at the facility during the two-day unannounced inspection. The four units are the adult admissions unit, the longer-term adult unit, the geriatric admissions unit and the longer-term geriatric unit. Consumers at the facility reside in one building. Ten consumers and 9 direct care staff were interviewed. The staff members included both nursing and direct care associates. The adult admissions unit is located on the 2nd floor. The capacity of this unit is 30 consumers. The unit was clean and well maintained. Efforts to make the unit appear more

home-like were noted even though there were few decorations. This was achieved through the use of several bright color selections. The common room at the end of the hall has a wall of windows providing a beautiful view of the mountains. There was a large mural on one wall as well. The common room on this floor was fairly plain. This unit has a “cyber- lab” so that consumers have access to computers.

The longer-term adult unit is located on the 4th floor. The capacity for this unit is 20 consumers. Only half of this two-wing unit was in use. The unit is divided into two areas, one where the bedrooms are located and another in which a game room, common room with a pool table and the “cyber- lab” are available. Overall the unit was clean and well maintained. The table in the common room was dirty with what appeared to be food. Most of the consumers were off the unit attending programming in the treatment mall. The 2 consumers on the unit were quietly listening to music.

The geriatric admissions unit is located on the 5th floor. The capacity of the unit is 30 consumers. Overall, the unit was clean and well maintained. There was one consumer on the unit who was under close observation and on 1:1 at mealtime. This consumer has been at the facility for several years and resides in an “unlocked suite” that is monitored by staff through the use of a video camera. This arrangement has lessened the use of more restrictive interventions as the consumer has a history of aggressiveness in a more confined space.

The longer-term geriatric unit is located on the 6th Floor. The capacity on the unit is 30 consumers. Overall the unit was clean and well maintained. This unit had a dining hall that was nicely decorated. There were pictures on the walls, mirrors, plants and murals on the elevator doors for the consumers’ enjoyment. Visual cues are on the floor and the walls in the hallways in order to help orient the residents. In the common room there was a TV and a large open space making the area more accessible to those in wheelchairs. There was a hoop with a beach ball for physical activity. Most of the consumers remain on the unit for programming. At the time of the tour, the majority of consumers were resting in their rooms, walking in the hallways or sitting in the common room.

Meals are served in a large cafeteria that is reminiscent of a camp cafeteria with dark wood, high ceilings and many windows. All consumers on 2nd, 4th and 5th floors who are able to go off the unit receive their meals in the cafeteria. They are accompanied by staff. The food is prepared on site. It appeared appetizing and servings appeared to be adequate. Staff were interacting actively with the consumers during the meals. Consumers with a special diet have a separate line.

The treatment mall program is located in a separate building. This building is relatively new and provides adequate space for addressing the programming needs of the consumers.

Staff reported that the three most critical capital improvement projects include:

- The renovation of the heat distribution system, Part A, which is the steam and condensate distribution systems and critical steam auxiliary equipment
- The replacement of the refrigerant chillers and equipment
- The renovation of site utilities, including the main sewer line, large components of the storm system and the domestic water treatment facility

The facility also reported that a project related to life safety code compliance has been approved and funded. This project is slated to up-grade 3 elevators in the main building, emergency power and distribution system, fire alarm and security systems at a cost of \$1,500,000. The elevator contract has been awarded, but the other elements of the project are in the design phase.

2. There are systems in place to assure that the environment of care is safe and that consumers are protected.

Interviews with staff on all levels emphasized that safety within the environment is an important function for each employee. There are a number of systems in place to assure that the environment of care is safe and that consumers are protected. These range from routine environmental checks by security and building and grounds personnel to the on-going reviews of established safety indicators by the Safety and Environment Committee. The facility has a hazard reporting mechanism and an automated work order system for addressing any identified concerns.

Clinical staff maintained that adequate staffing, staff training and staff awareness of safety issues such as fire drills, the reporting of abuse and neglect and daily nursing assessments of unit safety, are key components for assuring that the consumers are protected. Assessments regarding falls prevention, the use of restrictive procedures and special precaution reviews, such as suicide assessments, help to address the individual safety concerns of the consumers.

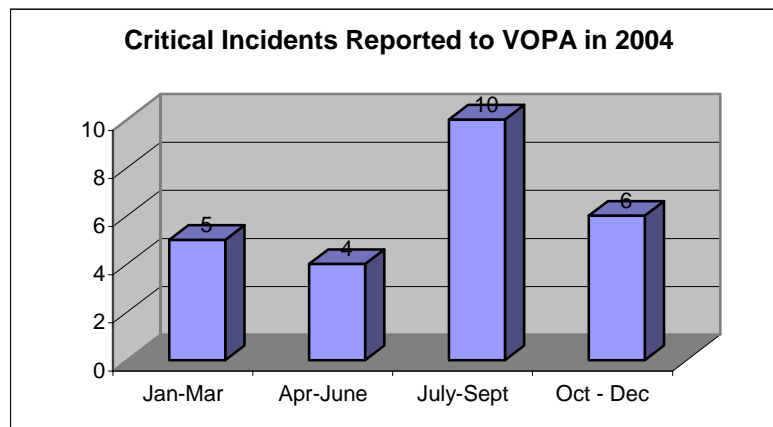
Direct care staff provided the OIG with a number of elements that they believed keep the environment safe. These include well-staffed units, training such as TOVA and CPR, unit safety officers, the code team, and not having to work excessive amounts of overtime.

Information provided by the facility showed there were 124 staff injuries reported during 2004. Of these, 96 were consumer related injuries. The majority of patients interviewed reported feeling safe within the environment.

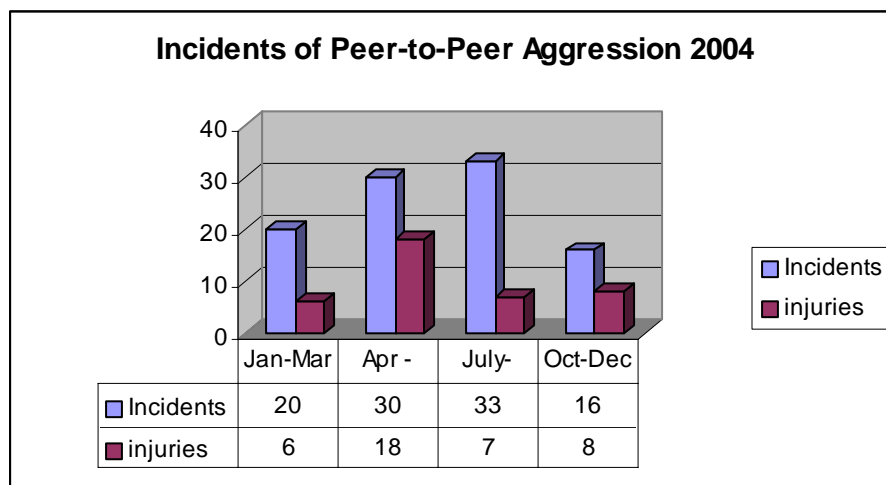
The facility has a risk management program that tracks a number of indicators of safety. These include the use of seclusion and restraint, patient injuries and critical incidents and incidents of peer-to-peer aggression.

Information provided by the facility indicated that there were 25 critical incidents reported to the Virginia Office of Protection and Advocacy during calendar year 2004.

The numbers of critical incidents by quarters are displayed in the following graph.



There were 99 incidents of peer-to-peer aggression during 2004, 39 of which resulted in an injury to one or both of the patients involved. The majority of the injuries were reported as minor. The following graph outlines the number of incidents and injuries per quarter.



Catawba has been working on a plan for the reduction of seclusion and restraint within the facility. During 2004, there was only 1 incident that resulted in the use of seclusion. The use of seclusion was reported as effectively eliminated during the Summer 2004. Code White teams are used to deescalate potential crisis situations early. Incident debriefings are occurring. The facility no longer has seclusion rooms, those spaces have been converted to “quiet rooms” for consumers. The facility had 9 incidents in which the use of mechanical restraints occurred.

All staff receive training regarding human rights and the reporting of abuse and neglect at the time of orientation and annually thereafter. Data provided showed that there were 12

allegations of abuse and neglect reported in 2004. Of those, 5 were substantiated. The patients made 38 informal complaints and 21 formal complaints during 2004.

Consumers interviewed reported that the following have been “among the most helpful to them during their hospitalization”: being able to talk with staff, the help received from the nurses and doctors, going to groups, and gaining computer skills. Among the statements of “least helpful” are: not enough opportunities to go outside, working within the treatment teams, lack of structure on weekends, boredom when groups are not occurring and too few smoke breaks.

Quality And Accountability

1. There are systems in place to assure that the services provided from the time of admission to discharge are quality services.

Catawba Hospital has a well-defined quality management program. The program is intended to assure that the processes that govern quality within the setting are designed to effectively monitor, analyze and improve patient outcomes.

Interviews revealed that the leadership team believes that a central function of the quality management committee is to “establish a planned systemic and organization-wide approach to quality improvement activities that is collaborative and interdisciplinary”. The quality management plan stresses that before any strategic initiative is considered or an existing process is modified, that changes be considered in the context of the facility’s mission and values.

Among the indicators monitored are: incidents of aggression, adverse drug reactions, deaths, emergency transfers, staff turnover and overtime, staff and patient injuries, utilization management and consumer and family complaints.

2. The facility has an accurate understanding of all of the stakeholders’ perceptions regarding the services provided by the facility.

Interviews with staff on all levels pointed out that quality performance improvement initiatives are based on obtaining accurate and current feedback from all stakeholders. Staff reported that any interaction with the consumers, families, and community providers presents an opportunity for obtaining and providing information and feedback about the course of treatment for each consumer.

Social workers are the primary contact with the families and community liaisons in working towards successful reintegration of a consumer into the community. Open communication among those involved regarding what is working and what needs improvement for the consumer is essential in this process. Feedback regarding service provision as it is linked to discharge planning is obtained during weekly contacts. In addition, the facility conducts both employee and patient/caregiver satisfaction surveys.

Meetings are held with referring CSBs to obtain information regarding ways to improve the working relationship between the two organizations in order to improve patient care. Meetings are regularly held with other community providers such as the local hospitals, sheriffs' departments and nursing home providers to explore ways of addressing any identified concerns.

Recommendations

The OIG has no facility specific recommendations for Catawba Hospital as a result of this inspection. Based on the inspections of all 9 mental health hospitals and mental health institutes, a systemic review report will be issued in the near future that includes recommendations for all mental health facilities.